2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State
04-20-2006 90169 032 ***150.00

DOCUMENT # P01000046142

1. Entity Name
LEES' HOME SERVICES INC

Principal Place of Business	Mailing Address
1470 RENTON ST DELTONA, FL 32725 US	1470 RENTON STREET DELTONA, FL 32725 US

03102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
32038 Stearns Dr.	32038 Stearns Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Eustis, FL.	City & State: Eustis, FL.
Zip: 32736 Country:	Zip: 32736 Country:

4. FEI Number: 02-0616024 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUHAMELL, LEE 1470 RENTON ST. DELTONA, FL 32725	Name: Lee DuHamell Street Address (P.O. Box Number is Not Acceptable): 32038 Stearns Dr. City: Eustis FL Zip Code: 32736.

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jodee A DuHamell Officer 4/18/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUHAMELL, LEE 1470 RENTON ST. DELTONA, FL 32725	☐ Delete	D DuHamell, Lee 32038 Stearns Dr. Eustis, FL. 32736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUHAMELL, JODEE A 1470 RENTON ST. DELTONA, FL 32725	☐ Delete	D DuHamell, Jodee A. 32038 Stearns Dr. Eustis, FL. 32736.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Lee D. DuHamell 5/5/06 386-801-0867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #